

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19						
20						
21						
22	1					
23						
24						
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46	1					
47	1					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65	1					
66						
67						
68						
69						
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81						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	99					
TOTAL CLAIMS	207					